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7 UNITED STATES DISTRICT COURT
8 WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

9 UNITED STATES OF AMERICA,

10 Plaintiff,

11 v.

12 VIMLESH AHMAD,

13 Defendant.
14

NO **CR04 0438C**
INFORMATION

15 The United States Attorney charges that:

16 **COUNT 1**

17 **(Health Care Fraud)**

18 1. Beginning by at least 1997 and continuing through at least December,
19 2003, VIMLESH AHMAD devised and intended to devise a scheme and artifice to
20 defraud health care benefit programs in connection with the payment for health care
21 benefit services by knowingly submitting false and fraudulent health care claims and by
22 submitting false and fraudulent claims with reckless indifference to the truth or falsity
23 of the claims submitted. These health care benefit programs included the Medicare and
24 Medicaid programs, the State Industrial Insurance Program sponsored by the State of
25 Washington's Department of Labor and Industries for injured workers, and privately
26 sponsored health insurance programs, all of which shall be collectively referred to in
27 this Information as the "Health Care Benefit Programs" and all of which were health
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1 care benefit programs as that term is defined in Title 18, United States Code, Section
2 24 and as that term is used in Title 18, United States Code, Section 1347.

3 2. It was part of the scheme to defraud that VIMLESH AHMAD regularly
4 submitted claims to Health Care Benefit Programs at a higher level of service than she
5 provided to patients, with the intent to defraud the Health Care Benefit Programs.

6 3. It was part of the scheme to defraud that VIMLESH AHMAD included
7 false and fraudulent statements in her medical charts, including references to tests, such
8 as urinalysis and bronchospasm, and submitted claims for such tests on occasions when
9 she did not perform such tests, with the intent to defraud the Health Care Benefit
10 Programs.

11 4. It was part of the scheme to defraud that VIMLESH AHMAD sometimes
12 falsely and fraudulently included in typewritten medical records details of examinations
13 that she did not perform and falsely overstated the amount of time she spent with the
14 patients, with the intent to defraud the Health Care Benefit Programs.

15 5. It was part of the scheme to defraud that VIMLESH AHMAD sometimes
16 submitted claims for office visits when she had not seen the patients, with the intent to
17 defraud the Health Care Benefit Programs.

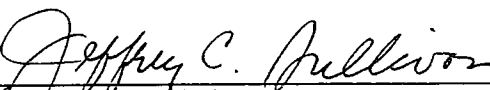
18 6. In execution of the scheme and artifice to defraud, on May 16, 2001,
19 VIMLESH AHMAD made entries into the medical chart of a patient whose initials are
20 J.K. noting J.K.'s medical condition and medications, as though she had performed an
21 office visit and urinalysis test with regard to J.K., even though VIMLESH AHMAD
22 had not even seen J.K. on that date and, in fact, J.K. was outside the state of
23 Washington.

24 7. In execution of the scheme and artifice to defraud, between May 16, 2001
25 and on or before June 25, 2001, VIMLESH AHMAD submitted a claim to the
26 Medicaid program for the state of Washington for date of service May 16, 2001 with
27 respect to patient J.K., seeking reimbursement under CPT (Current Procedural
28 Terminology) Code 99215 for the highest level of office visit. At the time that

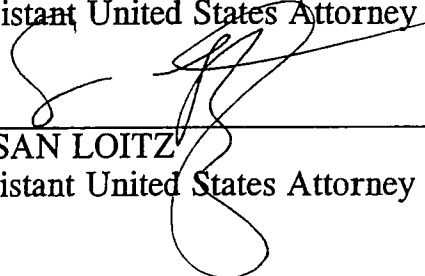
1 VIMLESH AHMAD submitted this claim to the Medicaid program, she either knew the
2 claim was false and fraudulent or she submitted it with reckless indifference to its truth or
3 falsity. VIMLESH AHMAD submitted this claim with the intent to defraud the
4 Medicaid program. VIMLESH AHMAD received \$62.24 for this claim when, in fact,
5 she was entitled to no payment for the claim.

6 All in violation of Title 18, United States Code, Section 1347.

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8 DATED this 1st day of October, 2004.

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10 
11 for JOHN MCKAY
12 United States Attorney

13 
14 FLOYD G. SHORT
15 Assistant United States Attorney

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17 SUSAN LOITZ
18 Assistant United States Attorney
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